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ABSTRACT

Empirical and conceptual issues in the delineation of the construct of assertiveness can be viewed from the perspectives of social, personality, and clinical psychology. Results from a social psychological research program aimed at defining the nature and determinants of assertiveness suggest a need for replication to other subject populations, interpersonal situations, and assertion behaviors to examine problems of continued assertiveness over time, differences in interactions with members of the same or opposite sex, and differences in nonverbal and verbal assertive behaviors. An integrative approach to examining assertiveness is possible through use of empirical clinical methodology whose fundamental guidelines include: (1) an openness to, and quest for, change and diversity in clinical intervention; (2) a reliance on systematic scientific hypothesis testing as a model for clinical intervention; and (3) a commitment to structuring clinical interventions so that clients are taught to control their lives autonomously. (Author)

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What is Assertiveness? Integrating Social, Personality and Clinical Methodologies

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Assertiveness training has come to represent a major new direction both in clinical and counseling psychology and in the broader self-improvement movement in our society (Alberti, 1977). Many self-help guides to assertiveness have appeared in print (e.g., Bower & Bower, 1976; Galassi & Galassi, 1977; Lange & Jakubowski, 1975), and assertiveness training is being conducted in literally thousands of workshops across the country for persons from all walks of life, as well as in therapeutic interventions with inpatient (e.g., Goldsmith & McFall, 1975) and outpatient (e.g., Ford, 1978) adults, educational workshops for children (e.g., Krasner, Ford, Harpin & Krasner, 1977), and advocacy workshops for medical patients (e.g., Ford, 1979). Researchers have also moved towards the parametric refinement of assertiveness training techniques (cf. Heimberg, Montgomery, Madsen & Heimberg, 1977; Rich & Schroeder, 1976).

Despite these important advances, a fundamental issue remains to be resolved by assertiveness trainers and researchers: What is assertiveness? Most definitions have relied on purely descriptive listings of the actions and cognitions that are *a priori* assumed to be "assertive" (e.g., Alberti & Emmons, 1974; Wolpe, 1973). Ultimately, these presuppositions must be empirically validated: If we are to teach certain strategies for interacting and thinking to our clients and students, we must have confidence that these strategies will in fact have significant payoffs for these people. Further, we must be prepared to alert clients and students to the instances where "assertive" actions are likely to have negative rather than positive outcomes. Thus, a basic question for assertiveness trainers must be, "What are the behavioral and cog-

nitive strategies that I can teach to my clients and students as means for the acquisition of more positive (and fewer negative) outcomes in social interactions?" In this paper we will present empirical and logical evidence for the application of the methodologies of social psychology, personality psychology, and clinical psychology to begin to answer this crucial question.

Before reviewing the evidence and pointing to future research directions, it is important to delineate the scope of this proposed inquiry. "Assertiveness" has until recently been limited primarily to the assertion of personal rights, and the making and refusing of requests (cf. Alberti, 1977). However, broader conceptualizations have been advanced, suggesting that "assertiveness" is best viewed as effective "social problem solving" (Heimberg et al., 1977), acquisition, maintenance, and enhancement of interpersonal reinforcement (Rich & Schroeder, 1976), or even "lifemanship" (Alberti, 1977). Commonsense, and empirical data (e.g., Ford & Hogan, 1977, 1978), make it clear that such actions as saying "No!" are not uniformly effective in all contexts, and thus suggest that assertiveness is better viewed as competence (White, 1959), efficacy (Bandura, 1977), personal effectiveness (Liberman, DeRisi & King, 1975), or positive mental health (Jahoda, 1958) in the interpersonal realm. For each individual client or trainee, the goal of assertiveness training is the development of skills for both relating more effectively with significant other persons and determining what specific tactics are most likely to have the best overall outcome in a given situation. Research, on the other hand, can only point to the tactics and strategies that are generally effective, and at most begin to provide tentative guidelines concerning the types of persons, situations, and goals for which different actions are more or less effective. The optimal result will come from an integration of clinical methodologies for the former purpose and

social and personality methodologies for the latter purpose.

Application of Social Psychological Methodologies

Until recently, attempts to empirically delineate the behavioral referents for assertiveness have defined "assertiveness" in terms of either an a priori set of behaviors (Bugental, Henker & Whalen, 1976), the global judgements of a handful of raters trained by the experimenters (Eisler, Hersen, Miller & Blanchard, 1975; Eisler, Miller & Hersen, 1973), or subjects' scores on an unvalidated self-report measure of "assertion" (Schwartz & Gottman, 1976). This, or course, leaves unanswered the question of the effects of these "assertive" behaviors in actual interpersonal interactions.

The social psychological methodology employed by researchers of person percetpion (e.g., Jones, Kanouse, Kelley, Nisbett, Valins & Weiner, 1971; Kelley, 1971; Wegner & Vallacher, 1977) offers an alternative approach through which the interpersonal outcomes of "assertive" actions can be determined. We have utilized this approach in several variations: having Ss make trait attributions of an asserter based on imaginally observing a dyadic interaction through reading written transcripts (Ford & Hogan, 1977); having Ss make trait attributions of an asserter with whom they are imaginally interacting, and asking Ss to also rate their affective and self-perception reactions and their predictions of their future relationship with that asserter, using same-sex (Ford & Hogan, 1978; Hogan & Ford, in preparation) and other sex peers (Ford, Norton-Ford, Glenn & Hogan, 1979), and with videotaped stimulus presentations (Ford & Field, in preparation).

Although a limited array of behaviors and settings have been sampled in these studies, several interesting conclusions have emerged. Verbal refusal (i.e., saying "No"), an action that is almost standard in most assertiveness

training programs, has consistently been found to produce compliance from the other interactant in the short run, but to foreshadow a host of negative long term outcomes for the asserter and the other interactant. A nonverbal behavior often recommended to assertiveness trainees is to speak as loudly as slightly louder than the other person; this results in generally positive person perceptions and long term outcomes when the asserter is interacting with a same-sex peer, but speaking somewhat more softly than the other person produced the best overall payoff in mixed-sex dyads. By contrasting Ss' responses in the same-sex and mixed-sex contexts, we have also found evidence that both men and women are predisposed to view their relationships with female peers as inequitable (Walster, Walster & Berscheid, 1978), regardless of the peer's actual behavior -- clear evidence of sex-role bias which implies that women will need to learn prosocial communication techniques in assertiveness training if they are to overcome this barrier, as well as underscoring the need for broader social re-education in our sexist culture.

Despite the need for replication and extension of these findings to other subject populations, interpersonal situations, and assertion behaviors, they clearly illustrate the utility of a social psychological approach in the debunking of unvalidated traditions and the creation of new hypotheses for clinical practitioners. More sophisticated social influence and communication tactics that are suggested by social psychological research (e.g., metacommunication; bargaining; foot-in-the-door) can be tested in this paradigm as well (e.g., Hogan & Ford, in preparation). However, the limitations of such controlled analogue methods (cf. Argyris, 1975; Gadlin & Ingle, 1975) point to a need for additional approaches to the delineation of assertiveness and social competence. Methodologies from personality psychology offer just such an alternative.

Application of Personality Psychology Methodologies

The intensive study of specially-selected individuals is an approach from personality psychology that offers a bridge between the social and clinical methodologies, as well as a source of data to complement data from social psychological studies. As exemplified by Murray (1959), Goldstein (1940), and Maslow (1971), such a "personological" methodology (Murray, 1938) offers a rich source of hypotheses about the nature of social competence. Longitudinal and naturalistic examinations of the self-perceptions, person perceptions, orienting beliefs and goals, and interpersonal interactions of selected individuals provides the basis for moving from a scattered and atomistic view of assertive behaviors to an integrated and wholistic picture of personal functioning. Goldstein's analyses of disabled individuals, Murray's case studies of normal individuals, Maslow's analysis of "self actualized" individuals, and more recently, Levinson's (1978) study of the adult development of men in the 1970s all highlight the potential of this methodology. Murray's use of a "diagnostic council" offers a means for improving the reliability of data and the meaningfulness of the resultant interpretations, and Maslow's synthesis of the distinguishing characteristics of actualized persons offers a model for the translation of data into integrative but practically useful conceptualizations.

Although an intensive study of "assertive" or "interpersonally effective" or "socially competent" individuals poses a thorny criterion question, such research is ultimately necessary if we are to fully understand the ways in which isolated actions and interactions form a gestalt of "the good life"--and if we are to comprehend the psychological and social characteristics of people that necessitate different behavioral gestalts. Essentially, we must answer, "How can a person with these basic 'person characteristics" (Mischel, 1973) best nav-

igate the streams of interactions and relationships that may confront him/her; and, for the sake of parsimony and economy, what are the streams that are most likely to occur for different persons in different life contexts?" In this way, we will be able to offer assertiveness trainees not only a Chinese menu of possible effective behaviors, but also some hypotheses as to which actions are likely to be best suited to his/her needs and situations over the long haul.

The criterion problem is sufficiently basic to merit closer attention: can we identify "assertive" and "unassertive", or "effective" and "ineffective", persons so as to learn what distinguishes the two groups? Probably not, because most people are effective in some respects or situations and less so in others, and so a narrow dichotomous typing would forfeit much meaningful information. However, we can assess a wide variety of cognitive, affective, and behavioral aspects of individuals and their relationships, and utilize analytic techniques such as cluster analysis or multidimensional scaling to delineate distinct groups of people who share common attributes. Rather than arbitrarily labelling any such cluster as "effective" or "ineffective," we can simply document their characteristics and the nature of their interactions and relationships, and leave the value judgements to individuals such as assertiveness trainers or trainees.

Application of Clinical Methodologies

As noted earlier, each individual client or trainee must develop an unique synthesis and application of the assertiveness skills and interactional patterns that are identified by social or personality psychology investigations. No matter how powerful and precise the blueprint, each individual must tailor it to his/her particulars (cf. Allport, 1955). While this is obvious to clinicians, it merits our attention as the final component in a complete study of assertiveness. Without a methodology for applying research findings to the individual client or trainee, these findings remain incomplete.

The empirical clinical methodology (Lazarus & Davison, 1971; Goldfried & Davison, 1976) has been developed within behavior therapy for just this purpose (Ford & Kendall, 1979). The fundamental guidelines of this methodological approach include: (a) an openness to, and quest for, change and diversity in clinical intervention; (b) a reliance on systematic scientific hypothesis testing as a model for clinical intervention; and (c) a commitment to structuring clinical interventions such that the client is taught the skills that s/he needs in order to control his/her own life autonomously. In practical terms, the clinician and client function as hypothesis testers, assessing the client's current actions, cognitions, feelings, goals, and situational contexts, and drawing on the clinician's knowledge of potential action strategies for the client to formulate interventions. In assertiveness training, such interventions involve aiding the client to initiate new "assertive" actions and cognitions and to then evaluate the impact that this change produces. Thus, the clinician can draw on the empirical findings from social and personality psychology research to develop practical hypotheses, and these hypotheses are directly tested by the ultimate judge, the client. Again, this is more than a simple recapitualation of the facts of clinical practice: we are proposing that the application of the empirical clinical methodology is a crucial final link in a complete approach to answer the question, "What is assertiveness?"

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